

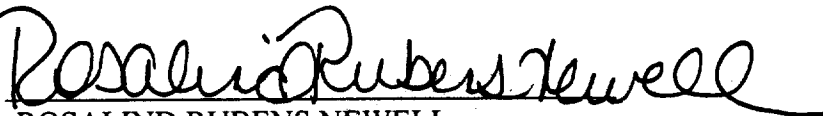
Entered - 2-9-01 - sb  
CL - 00L0679 ALEXIS HOLMES

01-*ℓ* -1364

CLAIM OF: **VALERIE KIMBLE,**  
5489 Koweta Road  
College Park, Georgia 30349

For vehicular damages alleged to have been sustained as a result of  
objects falling from a City vehicle and striking her vehicle on  
October 14, 2000 at I-75/85 at I-66.

THIS ADVERSE REPORT IS APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0679

Date: 8/3/01

Claimant /Victim VALERIE KIMBLE

BY: (Atty)(Ins.) \_\_\_\_\_

Address: 5489 Koweta Road College Park, Georgia 30349

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 451.68 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 1/23/01 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 10/14/00 Place: I-75/85 South at I-166

Department Fire Division: Station 6 B

Employee involved FAO Todd Thomas Disciplinary Action: No action taken

**NATURE OF CLAIM:** The claimant sustained vehicular damage to her vehicle when some boxes fell from a fire truck onto her vehicle. However, the claimant has elected to be reimbursed by her insurance carrier.

### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Other \_\_\_\_\_ Written X Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police X Dept Report X Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_

Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - ALEXIS HOLMES

### RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 08-07-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

FORM 23-61

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
CITY HALL  
68 Mitchell Street, S. W.  
Atlanta, Georgia 30303

RE: CLAIMS FOR DAMAGES

Holmes  
11/02/00

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TODAYS DATE: 10-16-2000

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ \_\_\_\_\_ property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is Liable.

ENTERED - 11-2-00 - SB

00L0679 - ALEXIS HOLMES

1. Date of Accident: 10 - 14 - 2000 Police called: (yes) (no)  
(month) (day) (year)

3. Location of accident: 85 South Exit 242

4. Name of your insurance company: Atlanta Casualty Policy # 06575684

5. State how accident occurred: Valerie Kimble was driving on 85 South and the Fire Truck was on my left side and two Boxes fell off the Fire Truck and hit my Truck and Damage it  
Use other side if necessary

6. If a vehicular accident, complete the following and attach two (2) estimates of repair. ALL ESTIMATES AND VEHICLE DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! The registered owner must make the claim for vehicle damages.

7. Your vehicle: \_\_\_\_\_  
(make) (year) (tag #) (drivers name)

8. City vehicle: \_\_\_\_\_  
(make) (drivers name) (department)

9. Witness: \_\_\_\_\_  
(name) (phone) (address)

10. The acknowledgement of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

11. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE.

Valerie Kimble  
(claimant)

5489 Koweta Rd  
(address)

College Park, GA, 30349  
(City) (State) (Zip)

770-969-2512  
(home) (phone) (work)

01- R -1364